

FY2004 Base
(Actual)

IVB1: \$1,266,921
IVB2: \$2,024,620
CAPTA-
BSG: \$ 126,032
IVE-ILP: \$ 703,340
ETV: \$ 229,526

5 Year Plan Period
FY2005—2009

FY2005 (estimate):

IVB1: \$1,266,921
IVB2: \$2,024,620
CAPTA -
BSG: \$ 126,085
IVE-ILP: \$ 636,879
ETV: \$ 229,526

FY2006 :

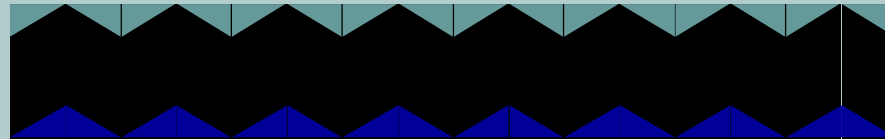
IVB1:
IVB2:
CAPTA -
BSG:
IVE-ILP:
ETV:

FY2007:

IVB1:
IVB2:
CAPTA -
BSG:
IVE-ILP:

FY2008:

IVB1:
IVB2:



FY 2005-2009 Children and Family Services Plan

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HAWAII'S CHILD AND FAMILY SERVICES PLAN
FY 2005 – 2009
Updated September 2004

Hawaii's Child and Family Services Plan (CFSP) describes the goals, objectives and strategies for continual improvement in the responsiveness and effectiveness of Child Welfare Services (CWS) for the period FY 2005 – FY 2009.

The process of community and stakeholder consultation utilized for the Statewide Assessment (SWA) completed in May 2003, as a component of the Child and Family Services Review (CFSR), the November 2003 Federal CFSR Findings, and the follow-up Program Improvement Plan (PIP, July 2004 draft) were used in the development of the CFSP and for the prioritization of need.

This plan integrates the short-term (2-year) PIP goals, objectives and detailed work plan as the focus of the CFSP and projects in the out years the long-range objectives.

The plan is structured to present information per federal instructions and requirements.

I. STATE ADMINISTERING AGENCY

The Hawaii Department of Human Services (DHS) is the State agency designated to administer title IV-B and IV-E programs, the Child Abuse Prevention and Treatment Act – Basic State Grant (CAPTA-BSG), the Chafee Foster Care Independence Program (CFCIP), and the Education and Training Vouchers (ETV) Program. The Social Services Division (SSD) is the organizational unit responsible for the Child and Family Services Plan (CFSP).

DHS was established by the State Legislature in 1959 and is the umbrella agency for the following State programs:

Benefits, Employment and Support Services Division:	<ul style="list-style-type: none"> ?Financial Assistance Payment Programs ?Food Stamps Assistance ?Employment and Support Services Assistance ?Child Care Subsidies
MED-QUEST Division:	<ul style="list-style-type: none"> ?Medical Assistance Payment Programs
Vocational Rehabilitation Division:	<ul style="list-style-type: none"> ?Vocational Rehabilitation ?Services for the Blind ?Disability Determination
Office of Youth Services:	<ul style="list-style-type: none"> ?Hawaii Youth Correctional Facility (HYCF) ?Youth Service Centers (outreach, case management, educational development, and mentoring) ?Youth Gang Response System ?Diversion from Police Lock-up for Status Offenders and Non-law Violators ?Services for Youth At Risk and After-care Services for Exiting HYCF Youths (non-residential and residential, e.g., group homes)
Housing and Community Development Corporation of Hawaii (HCDCH): [HCDCH officially comes under DHS effective 7/1/04]	<ul style="list-style-type: none"> ?Homeless Assistance ?Public Housing ?Section 8 Housing Choice Voucher Program ?Home Ownership – Mortgage Assistance ?Affordable Housing Development

Services are provided statewide through 88 offices (excluding HCDCH) serving all 4 counties for client accessibility.

II. MISSION

DHS is charged by State law – Hawaii Revised Statutes (HRS) Chapter 350 – with the responsibility for responding to reports of alleged maltreatment,

The mission of CWS is to assess and determine what initial response is needed for reports of alleged maltreatment; assess the safety of a home; assess and determine safety and risk of harm to a child who is the subject of a report; intervene to protect children from harm; strengthen the ability of families to protect their children, or provide an alternate safe family for the child.

CWS carries out the mission within the legal framework of the program's State and federal mandates, policy and procedural requirements, and in accordance with the guiding principles and beliefs of strength-based, family-centered practice.

III. CONSISTENCY WITH FEDERAL GUIDING SERVICE PRINCIPLES AND BELIEFS

The following federal principles, most often identified by practitioners and supported by research as helping to assure effective CWS services, serve to guide Hawaii in developing, operating, and improving the continuum of child and family services:

- ? Child safety is the paramount concern in making service provision, placement and permanency planning decisions. When safety can be assured, strengthening and preserving families is seen as the best way to promote the healthy development of children.
- ? Services should focus on the family as a whole and should involve families as partners in identifying and meeting children and family needs. Services should identify, enhance, respect and mobilize family strengths to help families to solve the problems that compromise their functioning and well-being and the safety of their children.
- ? Services should promote the healthy development of children; promote permanency and help prepare youth emancipating from the foster care system for independent living.
- ? Services may focus on prevention, protection, or other short or long term interventions to effectively meet the needs of the family and the best

supports and services crucial to meeting family and children needs – e.g., linkage to housing, substance abuse treatment, mental health, health, education, job training, child care and informal support networks.

- ? Services should generally be community-based; involve community organizations, parents and residents in their design and delivery; and should be accountable to the community and client's needs.
- ? Services should be intensive enough and of sufficient duration to keep children safe and meet family needs.

IV. ORGANIZATIONAL STRUCTURE

The CWS Branch is under the Social Services Division (SSD) of DHS. The CWS program is a State administered program with services offered statewide through 1 statewide section and 8 geographically assigned sections: 4 serving metropolitan Oahu and 4 serving the rural Neighbor Islands. Each section and its constituent units are responsible for participating in community education and planning efforts related to the Child and Family Services Plan (CFSP). This organizational structure was approved and effective October 23, 2003.

The Branch Administrator directs and manages the CWS program with staff support from her Program Development Staff (1 head and 6 administrative social workers). Act 177, adopted by the 2002 State Legislature, authorizes an assistant branch administrator position to help direct and manage the program and address the widened span of control resulting from reorganization.

Three units constitute the **Statewide CWS Section**:

- ? **CWS Intake Unit** – maintains a [centralized statewide reporting hotline](#) for receipt and handling of child abuse/neglect reports 24 hours a day, 7 days a week.
- ? **Foster Care – Income Maintenance Unit** – determines eligibility of children for title IV-E, Medicaid, and other federal and state payment programs statewide, with some staff out-stationed, working in geographic sections.
- ? **Home-Based Support Services Unit** - provides paraprofessional in-

home assistance to build parenting, childcare and household management

management and permanency services in the specific geographic areas of Oahu they serve and each oversee 4 units:

- ? **3 CWS Units** to provide both initial assessment and ongoing case management services in specific geographic areas of Oahu.
- ? **1 Permanency Unit** to provide casework services to youths in foster care in order to provide permanent substitute placements and to enhance independent living skills; and also provide pre-adoption, adoption and post-adoption services to children and families in the geographic area of Oahu served by the section.

The **Oahu Special CWS Section** provides specialized island-wide sex abuse assessment and ongoing case management services, institutional abuse assessments, and foster home licensing for Oahu. Four units constitute this section:

- ? **1 Oahu Special Services Assessment Unit** to assess reports of child sexual abuse and institutional abuse for the entire geographic area of Oahu.
- ? **1 Oahu Special Services Case Management Unit** for child sexual abuse cases in the entire geographic area of Oahu.
- ? **2 Foster Home Licensing Units** to recruit, study, certify/license/approve foster boarding homes and adoptive homes; to also license and regulate child placing organizations and child caring institutions – for Oahu. They maintain an inventory of foster and adoptive homes, and recommend suitable homes to a child's worker. They are responsible for re-licensing, and to orient and retain foster homes.

There are 4 rural Neighbor Island sections.

The **East Hawaii** [\[Hamakua – Hilo – Puna\]](#) **CWS Section** has 4 units:

- ? **3 East Hawaii CWS Units – North, Central and South** – to provide both initial assessment and ongoing case management in specific geographic areas of East Hawaii.
- ? **1 East Hawaii Special Services Unit** to provide licensing (foster care recruitment, home studies, licensing, orientation/training, matching, and foster home retention services, licensing and regulation of child placing

- ? **1 West Hawaii Assessment Unit** to provide initial assessment services for the entire West Hawaii geographic area, except for those remote areas in West Hawaii served by the sub-units.
- ? **1 West Hawaii CWS Unit** to provide ongoing case management services for the entire West Hawaii geographic area, except for those remote areas served by the sub-units.
- ? **1 Kamuela Sub-Unit** to provide both initial assessment and ongoing case management services in this remote geographic area of West Hawaii.
- ? **1 Kau Sub-Unit** to provide both initial assessment and ongoing case management services in this remote geographic area of West Hawaii.
- ? **1 West Hawaii Special Services Unit** to provide licensing (including foster home orientation/training and retention services) and permanency services for the entire West Hawaii geographic area.

The **Maui CWS Section** covers 3 islands [Maui, Molokai and Lanai] with 4 units and 1 sub-unit:

- ? **2 Maui CWS Units – West and East** – to provide both initial assessment and ongoing case management in specific geographic areas of the Island of Maui.
- ? **1 Maui Special Services Unit** to provide licensing (including foster home orientation/training and retention services) and permanency services for the entire Island of Maui.
- ? **1 Molokai/Lanai CWS Unit** to provide initial assessment, ongoing case management, permanency and licensing services for the remote Islands of Molokai and Lanai.
- ? **1 Lanai Social Services Sub-Unit** to provide initial assessment, ongoing case management, permanency and licensing services for the remote Island of Lanai. This sub-unit also provides social services for dependent adults and chronically disabled children and adults in accordance with the policies and procedures of the DHS Adult and Community Care Services Branch.

The **Kauai CWS Section** has 3 geographic units:

- ? **3 CWS units – West, Central and East** – to provide initial assessment, ongoing case management and permanency services in specific

records keeping practices and procedures for data storage and retrieval, and maintenance of information systems for CWS.

The sections are staffed by 32 unit supervisor positions, 208 unit social worker positions, supported by 135 social service aide/assistant, case support aide and family service assistant positions (roughly 1 aide/assistant for every 2 social workers) and 62 unit secretary/clerical positions.

Authorized positions as of 10-23-03 reorganization:				
	Unit Supervisors	Unit Social Worker Positions	Unit Paraprofessional Support Positions	Unit Clerical Positions
METROPOLITAN OAHU SECTIONS:				
Leeward	4	30	22	8
Diamond Head	4	27	21	7
Central	4	28	21	6
Oahu Special Services	4	31	15	7
OAHU TOTAL	16	116	79	28
RURAL NEIGHBOR ISLAND SECTIONS:				
East Hawaii	4	22	10	8
West Hawaii	3	18	11	5
Maui	4	22	12	11
Kauai	3	18	11	6
NEIGHBOR ISLAND TOTAL	14	80	44	30
STATEWIDE SECTION:				
Intake Unit	1	12	4	3
Home-based Support Services Unit	1	-	8	1

Beginning July 2004, 37 additional positions are authorized to facilitate PIP implementation:

East Hawaii:	3	case support aides (CSA)	Maui:	2	CSA
	2	crisis aides			
	2	crisis workers	Kauai:	1	CSA
West Hawaii:	3	CSA			
	2	crisis aides			
	2	crisis workers			
Oahu:	14	CSA			
	3	crisis aides			
	3	crisis workers			

V. CWS-FUNDED CHILD AND FAMILY SERVICES CONTINUUM

To assist CWS in carrying out its mission and functional responsibilities, the Department contracts with private community-based service providers for a continuum of services to flexibly meet the needs of CWS children and families and to support the achievement of safety, permanency and well-being goals jointly set by CWS, community stakeholders and families.

ATTACHMENT A lists and describes the contracted services funded by CWS. It sets the current baseline for the service continuum from which service improvements in FY 2005 – FY 2009 will be gauged.

As noted in ATTACHMENT A, the Department plans to expand the following services as part of the PIP strategy for front-end improvement beginning SFY 2005:

- ? Diversion services + \$1,200,000
- ? Comprehensive counseling + \$1,000,000
- and support services (CCSS)
- ? Enhancement of existing case management services requirements

Information on the amount of title IV-B, subpart 2 funds allocated to each category and the rationale for allocation decisions are also found in ATTACHMENT B.

Details of the service improvement and expansions planned can be found in ATTACHMENT C, the PIP Work Plan.

Because CWS children and families often present with varied and complex needs, the DHS CWS-funded service system in many situations is not sufficient and service planning to address assessed needs requires crossover, linkage, coordination and service integration with the other service systems - substance abuse, domestic violence, mental health, TANF, Medicaid/QUEST, early intervention, education, health, employment assistance, housing assistance.

The SWA and CFSR highlighted the difficulties in accessing services, particularly substance abuse and mental health services, and in serving children and families comprehensively and effectively - with funding silos, different eligibility and reporting requirements, conflicting regulations, “turf issues”, and real and perceived confidentiality restrictions hindering coordinated service planning and service linkage.

States have been challenged to take better advantage of existing flexibility in federal law to innovate and pursue strategies and policies for service integration, and to build up/extend the continuum of family and children services beyond the boundaries and limits of the CWS system using flexible funding streams (e.g. TANF, title XX Social Services Block Grant) as “glue money” for service integration.

Hawaii’s PIP calls for development, extension and access/use of the full continuum of children and family services to address the assessed needs of children and families, in order to provide alternate ways of responding to the needs of children and families, and allowing the CWS system to target its intervention to specifically protect abused and neglected children in more high and severe risk cases.

Through cross-system innovation, TANF and title XX Social Service Block Grant funds are being used to expand the continuum of children and family services.

Flexible use of multiple funding streams or combining resources for cross-system integration requires greater accountability - that use of the funds are meeting the purposes for which they were intended. This means states must move to performance-based, results-based contracting to ensure that funds from multiple funding streams are achieving the purposes/results for which they were intended for children and families. Hawaii plans to have its service contracts performance-based by SFY 2006.

VI. VISION

We envision a Hawaii where:

- ? *All children grow up and thrive in a safe, supportive and stable home environment.*
- ? *When it becomes necessary to remove a child from home, family connections are preserved through regular visits with parents and siblings.*
- ? *Our interventions are:*
 - ✍ *Tailored to the individual needs of each child and family, while fully utilizing, enhancing, respecting and mobilizing the strengths, problem-solving abilities and unique capacities of each family and local community.*
 - ✍ *Culturally sensitive and respectful of family lifestyle, dynamics and choices for themselves and their children.*
 - ✍ *Undertaken in a spirit of partnership and collaboration with all parties interested in and committed to strengthening family capacity to make healthy choices for the safety and well-being of their children.*
- ? *Our actions nurture, enhance and sustain the natural support systems for families in the community.*

In order to realize this vision, Hawaii must enlist the support, commitment and energy of the entire community. This vision recognizes that children will truly be safe only when all adults in the community take responsibility for the welfare of each and every child, and hold one another accountable for their interactions with and actions on behalf of children.

Parents and extended family are an integral part of this vision of respect and mutual accountability, particularly in light of the value we place on extended families as evidenced by our tradition of "hahaione" relationships, where children are

For CWS, the child is the central focus, and child safety and permanency are the primary goals of intervention. The emphasis on child safety requires good assessment of harm and the risk that family conditions create. Workers will also need to focus on the child's developmental need for family connections and permanency. The effort to create safe, stable family environments for the healthy growth and development of children requires CWS to monitor and assure that families do receive required and effective services in a timely manner so that they have adequate time to effect changes to provide a safe home for their children. This requires collaboration and coordination with other community-based service providers to ensure that families can get the array of services and supports they need.

The genuine collaboration of all the stakeholders in the system — parents and foster parents; businesses, academic institutions, philanthropies and the voluntary sector; the Court, its volunteers and guardians ad litem; educational and health professionals; the State Legislature; social service agencies; child welfare workers; child advocates and the youth themselves —can create the synergy necessary to bring this vision to full fruition.

Our PIP is a vital tool and an essential roadmap for the course we have set and the 5-year CFSP furthers the journey toward a more accountable, more responsive and more effective system of shared responsibility for the care of our children. It incorporates critical initiatives designed to move our child welfare system closer to the “best practice” standards set forth in the Federal CFSR. The vision does not diminish the responsibility of CWS, nor does it place the full burden of responsibility on one agency alone.

Our PIP and the CFSP builds on the data and insights generated by numerous other reviews, analyses and critiques of our child welfare system, including a recent report from the State Auditor, executive and legislative meetings in communities throughout the State, crystal methamphetamine (“ice”) abatement task forces spearheaded by the Lieutenant Governor, the Mayors of Hawaii County and Kauai County and the State Legislature, and the self-assessment and CFSR processes we have recently completed. The CFSR confirmed the issues facing the State that were highlighted in these reports: the increase in the number and severity of child abuse and neglect reports; the high staff workloads; the increasing negative impact of “ice” on the child welfare population; and the insufficiency of treatment services.

VII. DEPARTMENTAL PRIORITIES

Given the findings from the various aforementioned studies and community meetings, the results from the CFSR, and the consensus of the team charged with developing the PIP, DHS has set the following priorities for its CWS program:

1. CWS will ensure child safety by a timely response to all reports of child abuse and neglect accepted for investigation by CWS.
2. CWS workers will conduct ongoing safety, risk and needs assessments on all children and families in cases active with CWS.
3. CWS will ensure that every family and every child, as appropriate, are actively involved in developing their case plan; and
4. CWS will ensure that every child in our care, every family and every foster family are visited at least once a month by the assigned caseworker and afforded the opportunity of a face-to-face interview in cases active with CWS.

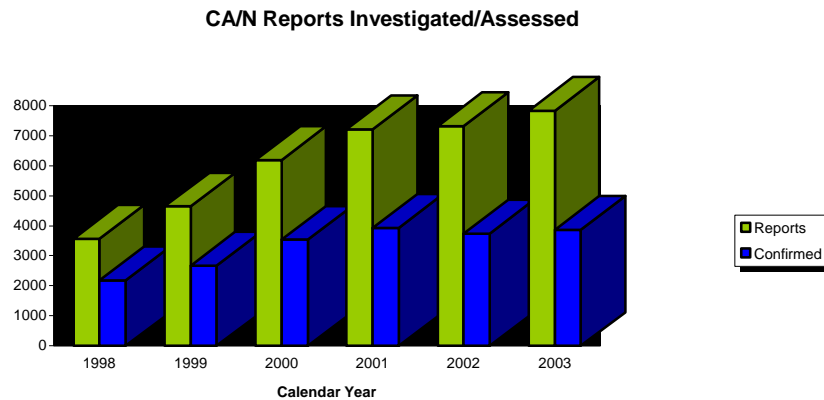
We have chosen these priorities because we believe they will maximize, when fully implemented, the impact of our efforts to achieve the outcomes to which we are committed.

VIII. FINDINGS

A key constant in all the evaluations and reviews of CWS has been the discrepancy between the Department's policy, procedures, and standards (i.e., the agency's expectations of how CWS is to operate on a day-to-day basis) and actual practice as it occurs in the field.

Part of that performance gap is attributable to the growth in maltreatment reports opened for initial assessment/investigation, the high rate of removal of children from their homes, resource limitations and the concomitant strain on the system's ability to quickly respond and provide qualified placements in foster care.

Portal issues are overwhelming CWS capacity to effectively manage resources



NCANDS data reveal that 87.1% of the confirmed reports in CY 2002 were for threatened harm compared to 69.2% in CY 1998.

NCANDS data also indicate that Hawaii has a high rate of children being removed from home and entering foster care:

HAWAII – CY 2002

- 49.8% of confirmed reports resulted in children being removed from their family home
- 15.2% of unconfirmed reports resulted in removal

NATIONAL AVERAGE - CY 2002

- 18.9% Of substantiated reports resulted in children being removed from their home.
- 4.2% Of unsubstantiated reports resulted in removal

GROWTH IN ADMISSIONS (FOSTER CARE ENTRIES) FROM FFY 1999 TO FFY 2003

Federal Fiscal Year (FFY)	FFY 1999	FFY 2000	FFY 2001	FFY 2002	FFY 2003	Growth
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system. This year will be no different and next year will be no different unless we change things.

IX. CROSS-CUTTING ISSUES

As we began to develop our strategies to remedy the various gaps identified in the CFSR, several issues emerged that have a substantial and cross-cutting impact on all areas of the PIP. Their extensive influence on the quality of outcomes for children and families has compelled us to use them as the primary basis for setting our priorities for the PIP and the CFSP.

1. Timely Initial Assessment and Case Workloads

It has been cited that excessive workloads, staff turnover, insufficient training and the lack of a quality assurance program contributed to the problems seen by reviewers – not responding in a timely manner to alleged maltreatment reports accepted for investigation by the Department, infrequent face-to-face contact with clients making it difficult to adequately assess and address safety issues and needs. As a result, worker relationships with birth families, foster families and children, in some cases, were compromised and, in some situations, this fostered resistance and skepticism...making it difficult to develop the mutual trust necessary for a successful collaboration to achieve desired outcomes for children.

The activities of CWS workers and supervisory priorities must be re-aligned to emphasize face-to-face meetings with clients, timely investigation of reports of harm, involvement of the family in case planning and decision-making about their children's safety and welfare, and ongoing risk, safety and needs assessments of children, parents and the foster families who care for them. These priorities must become the primary focus of CWS workers' activities.

2. The Need for More Services

In some situations and areas, services are not available and accessible to children and families needing them at the time that they need them the most. Whether the child has been removed or is at risk of being removed, services to reunite or prevent removal were found in some cases to not be available or easily accessed. This affects many outcomes: repeat maltreatment, re-entry into foster

contributed to the number of permanent custody cases because of the difficulties in reducing risk.

CWS program staff and their counterparts from other public and private agencies have begun a collaborative effort to construct a common strategy for increasing substance abuse treatment services for CWS clients and explore new ways in which funding might be secured for such an expansion of service. CWS will also provide enhanced training to its staff on dealing with substance-abusing clients.

Access to needed mental health services, particularly securing admission to the therapeutic group homes under the responsibility of the Department of Health (DOH), has also proven to be problematic. Efforts are currently underway that will make these placements more readily available to CWS clients. CWS will also increase the amount of therapeutic counseling services available under its POS contracts. Transportation services will also be expanded under the POS agreements, thereby facilitating parental and sibling visitation and access to services for CWS clients.

3. Improve Assessments, Case Planning and Follow Up

The case reviews conducted as part of the CFSR make clear that some CWS workers have difficulty assessing the needs of families and that these assessments (when completed) do not always address the underlying needs of the family. A number of stakeholders commented on a “cookie cutter” approach to case planning and a lack of family or foster parent involvement in determining service needs.

In response, CWS will develop and implement a **structured decision-making process** for assessing the safety and risk of harm to children. This revised assessment protocol will provide CWS workers with the tools to actively assess and prioritize parental needs early in the case and link the assessment of safety and risk to the services necessary to strengthen families and eliminate or diminish risk factors. This structured approach to risk and safety assessment and case planning will be continuous throughout the family’s involvement with CWS. Procedures will be revised and a new Family Treatment Guide and Family Service Record will be developed to facilitate active participation of the family and the foster family in case planning.

4. Court Partnership in Continuous Improvement - The Court Improvement Program

CWS and the Court Improvement Program (CIP) will begin a series of meetings in June 2004 with representatives from CWS, the Judiciary, the Attorney General's Office and other stakeholders. The purpose of the meetings will be to address the issues raised in the PIP and to improve collaboration between the parties by focusing on problem-solving in areas that impact achieving permanency for children in foster care.

This working group, to be called the CIP Operations Group (COG), will develop a program of technical assistance in collaboration with the National Child Welfare Resource Center on Legal and Judicial Issues to improve the knowledge of all stakeholders, including but not limited to CWS, the Judiciary, guardians ad litem, and attorneys for families on issues related to case planning, case reviews, the resources available for families involved in H.R.S. Chapter 587 cases, and visitation among parents and siblings, among others.

X. PRIMARY STRATEGIES FOR CHANGE

1. Alternate Response System

Foster care discharge data show that about two thirds (2/3) of the children discharged annually from foster care return home. The median length of stay in foster care prior to reunification was 2.5 months in FFY 2003 (2.2 months in FFY 2002 and 3.1 months in FFY 2001). One of our primary strategies for improvement involves changes to our intake, case assignment and case planning processes that should help to prevent the removal and placement of those children whose time in foster care is less than 100 days.

While the safety of children at risk remains our first and foremost concern, the intent is to divert as many cases as possible from formal entry into the CWS system when appropriate and effective alternate response options are available. We will accomplish this through a four-pronged approach that simultaneously addresses different facets of the problem: (1) we will develop a differential response capacity, or alternative ways of responding to intakes, including assignment of appropriate reports to immediate response teams or to alternative

early on, keeping them informed and involving them in decisions regarding the safety and well-being of their children in order to prevent removal or hasten reunification.

This strategy also includes a policy direction that embraces our local custom of “*hanai*” placements, *i.e.*, entrusting the care of children to relatives and friends outside of the nuclear family who can provide a safe and nurturing home for them. Honoring this tradition ensures that children are not taken into custody unnecessarily and preserves relationships that are important to a child’s well being. This policy also recognizes as well that diversion and other supportive services are, where appropriate, available to DHS and the court as an alternative to the physical removal of children.

2. Increased Family Involvement and Use of Ohana Conferences

A primary strategy for increasing the efficacy and level of family involvement will entail a substantially expanded use of Ohana conferences. These conferences are modeled on the New Zealand Family Group Conferencing model developed in 1985. Ohana conferences gather together the parents and extended family of children and other stakeholders such as CWS workers or voluntary services providers involved in the CWS system to collaboratively develop placement plans for children, service plans for parents, reunification plans so that children may safely return home as soon as possible, permanency plans for those children who will not return home, and transition plans for those children aging out of care.

We intend to streamline the Ohana conferencing process to expand the use of Ohana conferences at several key stages throughout the family’s involvement with CWS:

- ? Initially, at the point of intake;
- ? As an alternative dispute resolution mechanism, when the family and the child welfare authorities have reached an impasse or an elevated level of contention exists;
- ? As a quality control mechanism to ensure safety plans are defined prior to reunification or case closings; and
- ? At the point of emancipation for those young adults aging out of the foster care system.

Families Act, and explain the process of concurrent planning. The conference helps families understand the identified safety concerns, makes sure they fully and precisely comprehend the issues that must be addressed before the case can close, and assists them in making informed decisions about their children's welfare.

Dispute Resolution – Due precisely to the collaborative and non-confrontational nature of the Ohana conference, it has proven to be a preferred method, in the hands of a skilled facilitator, for reducing conflict and negotiating consensus when an impasse has been reached and intractable differences seem to separate the parties. Such situations usually seem to arise when cases have been in the system for six months or more and progress, for one reason or another, seems to have come to a standstill. The Ohana conference can often break the logjam and avoid more adversarial means of moving the case forward.

Reunification and Case Closings – The Reunification conferences are designed to help families identify support systems within their network of relationships and their local community that will nurture and sustain the family's successful reunification and ensure that their child can safely remain at home and avoid reentry into the foster care system. The Case Closing conferences enable the family to review the circumstances that brought them into the system, to reinforce their knowledge of the techniques and resources they can utilize to master or avoid those troubles in the future, and to inventory the resources within their extended family and local community that they can turn to, should problems arise once again. Both Reunification and Case Closing conferences focus on the development of a safety plan that identifies who can care for the children safely and encourage the use of a power of attorney, if appropriate and if a child will be staying with a designated relative while the parent is seeking help. These conferences draw on the synergistic wisdom of the family, and other stakeholders such as CWS workers or voluntary services providers.

Emancipation – Ohana conferences conducted as young adults approach emancipation from the CWS system enable them to identify and begin to engage the various support networks they will need to call upon in order to successfully manage the transition to independent living.

Thus, Ohana conferences could be used multiple times over the life of a case. In CY 2003, 585 conferences were held. We are on track to hold more than 800

about Ohana conferencing and to highlight their option to choose this alternative for their family should they so desire.

The families will be mandated, if permitted by law, or invited to attend an informational meeting with an Ohana Conferencing provider in their local community to obtain more details about the program. Also, we will provide information to families in a booklet that will describe what an Ohana conference is and how a family may elect to participate and help families to understand what their involvement with CWS entails.

As foster parents become involved in Ohana Conferencing, they are provided an orientation regarding the purpose of the Ohana Conference. The provider mails to the foster parents handouts about Ohana Conferencing and discusses with them on the phone what Ohana Conferencing is about and the reason they are being invited to attend.

For those families who decline to participate in an Ohana conference, the CWS worker will meet with the family, get in touch with collateral contacts and extended family members, and negotiate a service plan with the family. If a consensus cannot be reached on the service plan, the case will be brought to court, diverted to alternate services or closed.

3. Development of a Systematic Quality Assurance Program

Although certain individual components of a comprehensive quality assurance program exist in fragmentary fashion throughout CWS, there is no systematic or institutionalized process for evaluating the efficacy of the agency's interventions with families. Administrative case reviews (compliance or quality reviews) that would provide management with timely feedback information on whether CWS efforts are in compliance with state and federal requirements, and on the quality of case practice and the impact on client outcomes, either have not been conducted or, if conducted, information from the reviews have not been systematically gathered or used to track and manage improvements.

A key strategy for ensuring the success of our program improvement endeavors is to develop a systematic monitoring and management process of gathering, reviewing and using case practice information that will enable us to achieve a culture of continuous quality improvement integral to a "learning organization"

DHS will also establish and conduct CFSR-modeled, comprehensive quality reviews, or administrative case reviews by peer reviewers, and, through time-series analysis of case review data from the last half of Year 1 followed by data from both the first half and the second half of Year 2, we will collect, review and use information to manage and track PIP improvements.

Regional Continuous Quality Improvement (CQI) Councils will be established to review data/information on a quarterly and annual basis, in order to track and report on improvements.

4. Pilot Programs

As part of our overall strategy for improvement, we are also implementing the following pilot programs:

✍ The Family Court “*E Ho’olokahi a Malama ka Ohana*” Program.

Two Family Court courtrooms have tested new procedures designed to:

- ? Promote the use of Ohana conferencing to encourage early collaboration among the parties to a CWS case.
- ? Emphasize the need for the entire child welfare system to quickly focus on the child and the family with an over-arching concern for the safety and permanency of the child.
- ? Promote processes that emphasize progress rather than unproductive legal disputes.
- ? Provide legal consultation for parents in the court system.

The Family Court will complete the pilot on June 30, 2004 and will decide what features of the project will be applied to all courtrooms on Oahu.

✍ A Peer Mentoring Program for youth transitioning out of foster care.

The program will provide peer mentoring for youth transitioning out of care by former foster youth who have successfully made the transition from care into independent living. These youth will share their “real life” experiences, problems, and solutions with youth currently in foster care and help them to create their own support networks as they pursue independence.

assist CWS sections experiencing difficulty in providing a timely response to reports of abuse or neglect due to vacancies, staff turnover, unanticipated increases in referrals and other work -related issues.

✍ Development of case management service capacity for voluntary cases.

The inclusion of case management services for in and out-of-home cases through enhancement of our current service programs will provide workload relief to CWS workers by the provision of case management services for families who have been offered and accepted CWS services without the jurisdiction and intervention of Family Court.

XI. Outcomes, Goals and Objectives

Strategic planning terms:

Both the outcomes and goals tell what we want to accomplish.

Outcomes = desired results or expected consequence.

Goals = priorities of the plan that can be measured.

Strategies, objectives and action steps tell what we will do to get there.

Strategies = broad or overarching efforts that are undertaken to achieve agency goals or outcomes

Objectives = Measurable steps towards accomplishment of goal within a specific timeframe

Action Steps = Specific actions that will be undertaken to accomplish the objective

Measures and benchmarks tell how we will know if we are making progress toward achieving the established goals and objectives.

In the 5-year plan the first 2 years include the more detailed action plan with action steps and benchmarks. This can be found in ATTACHMENT C, which is the PIP Workplan, which details the action steps and benchmarks that will tell us what we will do in the next 2 years to accomplish the goals and objectives of the plan and how we will know if we are making progress

performance levels. It is worth repeating, as a reminder to all, the reason for priority setting in planning is to focus attention and activities, and not diffuse and dilute energies and efforts, so that things can get done. **Our CFSP focus is the PIP; our detailed action plan is the PIP.**

Goal	Objective	Goal	Objective	Baseline	Data Source
SAFETY OUTCOME S1		Children are, first and foremost, protected from abuse and neglect.			
Goal 1		Reports accepted for initial assessment/investigation will be initiated timely.			
Objective 1.1		By June 30, 2005, at least 54% of the reports accepted for initial assessment/investigation will be initiated timely (per Departmental guidelines)		52%	Supervisory review
Objective 1.2		By June 30, 2006, at least 58% of the reports accepted for initial assessment/investigation will be initiated timely (per Departmental guidelines)			
Objective 1.3		By June 30 each year thereafter, increase the rate of timely investigative response by 6% each year to reach 76% by 2009.			
Goal 2		Reduce repeat maltreatment.			
Objective 2.1		By June 30, 2005, incidence of CAN in foster care will be 1.1% or less.		1.31%	NCANDS
Objective 2.2		By June 30, 2006, incidence of CAN in foster care will be 0.95% or less.			
Objective 2.3		By June 30 every year thereafter, reduce the incidence of CAN in foster care rate by 0.05% each year to reach 0.80% by 2009.			

Goal	Objective	Goal	Objective	Baseline	Data Source
			ongoing assessment & referral to appropriate services.		
	Objective 4.2		By June 30, 2006, 82% of active CWS cases will be provided ongoing assessment & referral to appropriate services.		
	Objective 4.3		By June 30 every year thereafter, the rate of active CWS cases provided ongoing assessment & referral to appropriate services will increase by 1% each year to reach 85% by 2009.		
PERMANENCY OUTCOME P1		Children have permanency & stability in their living situation.			
Goal 5		Reduce foster care re-entries			
	Objective 5.1		By June 30, 2005, 71% or more of foster children returned to the family home will not re-enter foster care within a 12 month period.	70%	Supervisory review
	Objective 5.2		By June 30, 2006, 72%.		
	Objective 5.3		By June 30 every year thereafter, the rate will increase by 1% each year to reach 75% by 2009.		
Goal 6		Increase placement stability (no more than 2 placements)			
	Objective 6.1		By June 30, 2005, 78% or more of the children in foster care will have no more than 2 placements	77%	Supervisory review
	Objective 6.2		By June 30, 2006, 79% or more of the children in foster care will have no more than 2 placements		
	Objective 6.3		By June 30, every year thereafter, the rate will increase by 2% each year to reach 85% by 2009.		
Goal 7		Increase the timely establishment of permanency			

Goal	Objective	Goal	Objective	Baseline	Data Source
			year to reach 86% by 2009.		
Goal 8			Increase timely achievement of reunification, guardianship or permanent placement with relatives or demonstrate diligent effort to achieve the goal in a timely manner		
Objective 8.1			By June 30, 2005, 62% of the cases reviewed will show that goals have been achieved in a timely manner or that diligent effort was made to achieve the goal in a timely manner.	60%	Quality case review
Objective 8.2			By June 30, 2006, 64% of the cases reviewed will show that goals have been achieved in a timely manner or that diligent effort was made to achieve the goal in a timely manner.		
Objective 8.3			By June 30 every year thereafter, the rate will increase by 2% each year to reach 70% by 2009.		
Goal 9			Achieve finalized adoption in a timely manner.		
Objective 9.1			By June 30, 2005, 68% of the adoptions will be finalized within 24 months of entry into foster care or concerted effort will have been made to achieve adoption within 24 months	49.4%	AFCARS
Objective 9.2			By June 30, 2006, 69% of the adoptions will be finalized within 24 months of entry into foster care or concerted effort will have been made to achieve adoption within 24 months.		
Objective 9.3			By June 30 every year thereafter		

Goal	Objective	Goal	Objective	Baseline	Data Source
			transitioning youths will have been offered appropriate available services to support a successful transition to self-sufficient independent living.		Date Report
	Objective 10.2		By June 30, 2006, 80% of transitioning youths will have been offered appropriate available services to support successful transition to self-sufficient independent living.		
	Objective 10.3		By June 30 every year thereafter, the rate will increase by 1% each year to reach 83% by 2009.		
	PERMANENCY OUTCOME P2		The continuity of family relationships & connections are preserved for children.		
	Goal 11		Proximity of foster care placement.		
	Goal 12		Placement with siblings.		
	Goal 13		Increase the frequency of visitation with parents and siblings		
	Objective 13.1		By June 30, 2005, 62% of the children in foster care will increase the frequency of visitation with parents and siblings.	61%	Supervisory review
	Objective 13.2		By June 30, 2006, 65% of the children in foster care will increase the frequency of visitation with parents and siblings.		
	Objective 13.3		By June 30 every year thereafter, the rate will increase by 3% each year to reach 74% by 2009.		
	Goal 14		Preserve connections for former foster families, extended family members, heritage, religious affiliation, friends and school or		

Goal	Objective	Goal	Objective	Baseline	Data Source
			achieved the above objective.		
	Objective 14.3		By June 30 every year thereafter, the rate will increase by 1% each year to reach 87% by 2009.		
Goal 15		Children will have safe, stable placements with relatives, whenever possible and if it is in their best interest.			
	Objective 15.1		By June 30, 2005, 82% of the cases reviewed have the child's current placement noted to be with a relative, or noted that diligent effort was made to search for both maternal and paternal relatives whenever possible.	81%	Quality case review
	Objective 15.2		By June 30, 2006, 83% of the cases reviewed have the child's current placement noted to be with a relative, or noted that diligent effort was made to search for both maternal and paternal relatives whenever possible.		
	Objective 15.3		By June 30 every year thereafter, the rate will increase by 1% each year to reach 86% by 2009.		
Goal 16		Children in foster care will preserve & strengthen their relationships with parents.			
	Objective 16.1		By June 30, 2005, 73% of children in foster care will strengthen their relationship with parents.	70%	Quality case review
	Objective 16.2		By June 30, 2006, 76% of children in foster care will strengthen their relationship with parents.		
	Objective 16.3		By June 30 every year thereafter, the rate will increase by 1% each year to reach 70% by 2009.		

Goal	Objective	Goal	Objective	Baseline	Data Source
			reviewed will indicate that needs and services of children, parents, and foster parents were adequately assessed and addressed.		review
	Objective 17.2		By June 30, 2006, 65% of all cases reviewed will indicate that needs and services of children, parents, and foster parents were adequately assessed and addressed.		
	Objective 17.3		By June 30 every year thereafter, the rate will increase by 2% each year to reach 71% by 2009.		
Goal 18		Increase child and family involvement in ongoing assessment, case planning and review on a consistent basis statewide.			
	Objective 18.1		By June 30, 2005, 62% of the children and families under Family Court jurisdiction with DHS will be actively involved in ongoing assessment, case planning and review of their case.	60%	Supervisory review
	Objective 18.2		By June 30, 2006, 66% of the children and families under Family Court jurisdiction with DHS will be actively involved in ongoing assessment, case planning and review of their case.		
	Objective 18.3		By June 30 every year thereafter, the rate will increase by 3% each year to reach 75% by 2009.		
Goal 19		Increase the frequency and quality of worker contact with child in accordance with CWS procedures.			
	Objective 19.1		By June 30, 2005, 35% of children	22%	Supervisory

Goal	Objective	Goal	Objective	Baseline	Data Source
			the rate will increase by 5% each year to reach 53% by 2009.		
Goal 20			Increase frequency and quality of worker contacts with parents in accordance with procedures.		
Objective 20.1			By June 30, 2005, 38% of parents will have consistent visits with social worker in accordance with CWS procedures.	35%	Supervisory review
Objective 20.2			By June 30, 2006, 41% of parents will have consistent visits with social worker in accordance with CWS procedures.		
Objective 20.3			By June 30 every year thereafter, the rate will increase by 5% each year to reach 56% by 2009.		
WELLBEING OUTCOME WB2			Children receive appropriate services to meet their educational needs.		
Goal 21			Educational needs of child are met.		
Goal 22			Children who have voluntary or court-ordered, in-home and out-of-home cases with DHS CWS will have their physical health needs met.		
Objective 22.1			By June 30, 2005, 81% of cases reviewed will show that children's physical health needs have been met.	80%	Quality case review
Objective 22.2			By June 30, 2006, 83% of cases reviewed will show that children's physical health needs have been met.		
Objective 22.3			By June 30 every year thereafter, the rate will increase by 1% each year to reach 86% by 2009.		
Goal 23			Children who have voluntary or		

Goal	Objective	Goal	Objective	Baseline	Data Source
	Objective 23.2		By June 30, 2006, 58% of cases reviewed will show that children's mental health needs have been met.		
	Objective 23.3		By June 30 every year thereafter, the rate will increase by 2% each year to reach 64% by 2009.		
	SYSTEMIC FACTOR 1		Statewide information system		
	Goal 24		Operate a statewide information system that can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or has been within the immediate preceding 12 months) in foster care.		
	SYSTEMIC FACTOR 2		Case Review System		
	Goal 25		Each child will have a written case plan that is developed jointly with the child, the child's parents, and foster parents, as appropriate, that includes the required provisions. (See ATTACHMENT C for PIP objectives, benchmarks and data sources.)		Supervisory review
	Goal 26		Provide a process for periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.		
	Goal 27		Provide a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified		

Goal	Objective	Goal	Objective	Baseline	Data Source
		ASFA.			
Goal 29		Foster parents, pre-adoptive parents, relative caregivers of children in foster care will be notified of and have an opportunity to be heard in any review or hearing held with respect to the child. (See ATTACHMENT C for PIP objectives, benchmarks and data sources.)			Achievement of benchmarks in PIP
SYSTEMIC FACTOR 3		Quality assurance system			
Goal 30		Improve consistency in implementing standards to ensure that children in foster care are providing quality services that protect the safety and health of children through consistent supervision. (See ATTACHMENT C for PIP objectives, benchmarks and data sources.)			Quality case review
Goal 31		Hawaii will review, develop, refine and strengthen new and existing continuous quality improvement (CQI) programs and functions in the Department to more effectively and systematically use data/information to track improvements, including information on improvements in the priority indicators for quality of service & practice, & the impact on outcomes for children & families. The information will			

Goal	Objective	Goal	Objective	Baseline	Data Source
		cases & will report aggregate data quarterly & annually. The State will complete 1 quality review (peer review) for a sample of cases from all operating jurisdictions (regions) of the State in the first year.			
	Objective 31.2	By June 30,2006, the State will complete monthly supervisory case reviews (focused reviews) for targeted performance indicators prioritized in the PIP of all unit cases & will report aggregate data quarterly & annually. The State will complete quality review (peer review) for a sample of cases from all operating jurisdictions (regions) of the State at 2 different intervals in Year 2 in order to provide time-series analysis case review data.			
	Objective 31.3	By June 30, 2009, the State will have in place and operating an identifiable CQI system for tracking and managing improvements.			
SYSTEMIC FACTOR 4		Staff and provider training			
Goal 32		A standard core curriculum will be developed and used to train new supervisors & workers to support the goals of the PIP and CFSP. (See ATTACHMENT C for PIP objectives, benchmarks and data sources.)			Achievement of benchmarks in the PIP
Goal 33		Provide ongoing advanced			Achievement

Goal	Objective	Goal	Objective	Baseline	Data Source
			adoptive parents. (See ATTACHMENT C for PIP objectives, benchmarks and data sources.)		benchmarks in the PIP
SYSTEMIC FACTOR 5			Service array		
Goal 35			Increase the array of services so they are more uniformly available. (See ATTACHMENT C for PIP objectives, benchmarks and data sources.)		Achievement of benchmarks in the PIP
Goal 36			CWS services will be accessible statewide. (See ATTACHMENT C for PIP objectives, benchmarks and data sources.)		Achievement of benchmarks in the PIP
Goal 37			CWS services are flexible and individualized to meet the needs of children and families. (See ATTACHMENT C for PIP objectives, benchmarks and data sources.)		Achievement of benchmarks in the PIP
SYSTEMIC FACTOR 6			Agency responsiveness to the community		
Goal 38			Collaboration with other agencies		
Goal 39			Develops annual progress reports		
Goal 40			Coordinates with services & benefits with other agencies.		
SYSTEMIC FACTOR 7			Foster & adoptive parent licensing, recruitment & retention		
Goal 41			Standards for foster & adoptive homes		
Goal 42			Licensing standards are applied equally to general licensed and child-specific foster homes. (See ATTACHMENT C for PIP objectives, benchmarks and data		Quality case review

Goal	Objective	Goal	Objective	Baseline	Data Source
		homes are needed. Increase the number of Native Hawaiian/part-Hawaiian foster & adoptive homes. (See ATTACHMENT C for PIP objectives, benchmarks and data sources.)			
Goal 45		Use of cross-jurisdictional resources			

XII. Coordination with Indian Tribes in the State

Written CWS procedures are in place and include identification, removal and adoption guidelines for Indian children, including notification procedures, placement preferences, rights of the tribe and guidance on legal findings needed.

Indian Child Welfare Act (ICWA) training is a regular part of core training for new workers.

XIII. Inter-country Adoptions

The federal Adoption and Safe Families Act (ASFA) requires states to collect and report information on children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, including the number of children, the agencies who handled the placement or adoption, the plans for the child, and reasons for the disruption or dissolution.

CWS procedural instructions direct Intake to enter **DIA – Disrupted/Dissolved International Adoption**, as a “Problem Area,” in the IA24 or CA24 Child Data Screen of the electronic information system. Workers are also instructed to document in the intake narrative or in the log of contacts (CA52) the name of the agency that handled the adoption, the plans for the child, and the reason for the disruption/dissolution.

Report identifying CWS clients with Problem Area “DIA” on a federal fiscal year (FFY) basis is generated and sent to Program Development for management

procedures have been put in place to assure strict adherence to provision of interpreter/translation assistance, counseling and/or assistance through the RMI Central Adoption Authority, ICPC and other requirements.

Through POS contracted post-permanency support service providers, families with children adopted from other countries can receive post-adoption support services, e.g. support groups, workshops, information and referral services.

XIV. Adoption Incentives Payment

The Adoption Incentives Payment Program, established under ASFA, provides incentives to states that increase the number of CWS adoptions based on targeted standards. In 2003, federal reauthorization expanded the program to include an additional payment incentive to encourage states to increase the number of older children adopted.

In September 2003, DHS was notified that Hawaii was one of 25 states recognized by the federal Administration for Children and Families (ACF) for completing more adoptions in FFY 2002 than in previous years and was awarded \$208,000 as an Adoption Incentives Payment bonus for FFY 2003, and the funds had to be expended by September 2004.

The funds are being used to help pay for growth in adoption assistance costs.

XV. CWS Evaluation, Research and Technical Assistance Plan

Hawaii's CWS evaluation, research and technical assistance plan is designed around the PIP and PIP reporting (see ATTACHMENT C). It focuses generally on 4 primary areas for evaluation, research and technical assistance:

1. Technical assistance from the National Resource Center on Child Maltreatment to analyze current CWS decision-making policy, procedures and practice and to develop a structured decision-making approach for intake screening, initial and ongoing safety, risk and needs assessment, and service planning.
2. Technical assistance from the National Resource Center on Organizational Improvement and other consultants to develop a

quality case review process to be conducted by the Department, stakeholder interviews, phone surveys and/or focus groups to assess practice, and expanding to include special studies and evaluations.

4. Technical assistance from the National Resource Center on Organizational Improvement to develop and improve tools and processes for supervisory case reviews and comprehensive quality case reviews, and case review data structuring, management and reporting. Also to provide technical assistance in establishing the Regional Continuous Quality Improvement (CQI) Councils discussed under item 31 of the PIP (see ATTACHMENT C).

The intent is to use research, evaluation and the free technical assistance offered by our federal partners to inform policy and practice and drive improvements over the next 5 years.

XVI. Coordination with the CAPTA Community-Based Child Abuse Prevention Grant (CBCAP) Plan

The Hawaii Children's Trust Fund (HCTF) was established in 1993 by HRS Chapter 350B to make grant awards to religious organizations, government agencies or non-profit organizations that seek to prevent CAN by promoting and/or providing prevention services for Hawaii's children and their families.

The mission of HCTF is to prevent CAN. HCTF accomplishes its mission by promoting the advancement of community-based family strengthening programs. HCTF funds programs that are primary and secondary prevention focused.

HCTF, through the Hawaii Department of Health (DOH), receives CAPTA CBCAP grant funds and uses the federal funds along with endowment funds to carry out its CAN prevention mission. HCTF is federally required to coordinate the CBCAP plan with the PIP and CFSP. DHS is an active participant in the CBCAP review and planning process and the HCTF partners are actively engaged in informing the CFSP as well.

Through use of the CBCAP and endowment funds, HCTF intends to create a network of community-based, prevention-focused, family resource and support programs that coordinate resources among existing multidisciplinary